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years. The disease is especially common between 20 and 30 years of age. In later years it is most frequent in men. Sixty per cent. were hereditarily predisposed, but with no difference as to form. The hypochondriacal form is most favorable for prognosis.

Regarding relapses, there is little given in literature. Krafft-Ebing states that of 100 recoveries, 25 per cent. return to an asylum. Hertz in 67 recoveries from psychoses found 31 relapses (41 per cent.). Mendel found 24 relapses in his 84 men and 46 relapses in 122 women, and is inclined to think that far more than half of those attacked with melancholia have relapses. Relapses are most frequent in the hypochondriacal form, less so in *melancholia generalis*, and proportionately least frequent in the intellectual form. Relapses generally did not occur before three years; rarely after one or two years; and as a rule there was a longer period, 6, 8, 10, 12 years; exceptionally 26 and 34 years. Repeated relapses were observed 4, 5 and 6 times; in the last cases, 5, 10, 20, 26, and 30 years after the first attack, showing that recoveries may occur after repeated attacks. Relapses usually followed the clinical picture of the first attack, the identical delusions even reappearing. One woman recovered, and after 12 years had general paresis.

Opium, especially morphine subcutaneously, was of most benefit in the intellectual form; it was of no use in the hypochondriacal form, and in many cases even produced an aggravation and increase of the melancholic symptoms.

Die Ueberschätzungsideen der Paranoia. Dr. L. SNELL. Allgem. Zeitsch. f. Psych., Bd. XLVI, H. IV, 1889.

Since 1865, psychiatry has been indebted to Snell for his study on the third great group of psychical diseases, in which he advances the conception of *primäre Verrücktheit*, characterized by ideas of persecution founded on hallucinations and diseased sensations, by which, in contradiction to melancholia the self feeling is an exaggerated one. A further essential symptom of this form of disease is the appearance of delusions with the character of over-importance and ideas of grandeur, which may appear from the beginning, but generally only make themselves important later on, and in addition to the delusions of persecution produce a second series of delusional formations. From the vantage-ground of the one who was first to insist on the *primary* nature of these mental disturbances, it is eminently proper that Snell should review the history of the evolution of his conception into the *Paranoia* of to-day, which he accepts, while at the same time he enters a protest against what seems likely to become a growing evil, the tendency to apply the term to acute and curable cases. Misunderstandings have been brought about, he says, by confusing conditions of acute disease with the delusional formations in *Paranoia*, while he had only in mind the chronic form, and he claims with justice that all attempts to extend very much the notion of *Paranoia* have resulted in unclearness, so much the more since the definition of this form of disease in itself already presents so much difficulty. The French alienists have always conceded the primary origin of *Paranoia*, or at least the possibility of this, while on the other hand they have conceived the ideas of grandeur and the ideas of persecution as two different forms of disease. The later treatment of the subject by the Psychiatric Society of Paris shows, however, that the interdependence of these two symptom groups will be more and more recognized in France. The essential feature of *Paranoia*, according to Snell's researches, is the formation of delusions based on hallucinations, with the characteristics of injury and persecution. This symptom also remains in existence when the delusional formation with the character of over-importance is bound up with it.

The pure delusion of over-importance, without the delusion of perse-

cution, comes forth in many conditions of mental weakness, e. g., sometimes in general paresis, but never in Paranoia. The proportion of ideas of over-importance in Paranoia is a very varied one, and Snell reviews a series of cases of this disease, which indicate the different forms of this proportion, with the following results:—(1) the ideas of over-importance may fail entirely; (2) they may appear from the beginning of the disease at the same time with the ideas of persecution; (3) they may appear the same as in (2), and then retreat for a time, it may be months or years, generally making themselves prominent later in a higher degree; (4) they may appear, as in the ordinary relation, after a longer or shorter time, months or years, added to the ideas of persecution, and continue bound up with these.

This constitutes Snell's idea of the relation of ideas of over-importance to ideas of persecution in Paranoia. It is manifestly one parent disease-stem, from which both spring.

The germ of the over-importance lies in the way and manner in which these patients conceive their imaginary persecutions; while the melancholy patient receives the persecutions which, according to his opinion are imposed on him, humbly and comfortlessly, and holds his own unworthiness and baseness to be the fault of all the misfortunes that he fears, the paranoiac feels throughout that he is the blameless sacrifice to a wicked malice. A paranoiac may commit a murder, and after it appear cold and unmoved at his act, feeling no repentance and no pity. It is the morbidly raised feeling of self, the exaggerated subjectivity which permits him so to feel and behave. The consciousness of disease, present in melancholia, is wholly lacking in paranoia, and every feeling of duty and love is subordinate to the merciless, hard egotism, without limits or bounds. That under such conditions a glorification of the personality of the patient builds itself up, that the delusion lays hold of him, that he is a man of unbounded influence, a prince, an emperor, or a prophet, is in some degree explicable. The whole direction of the disease points to these results of self-importance, if hallucinations indicate the special formation of ideas of grandeur. As Snell has shown in the cases given and elsewhere, Paranoia does not always tread the typical path. It may almost come to a stand still. The delusions and hallucinations lose in these cases their formative power and force on the disposition of the patient. They almost die out. Even if no recovery follows,—recovery in Paranoia, as is well known, is extremely rare,—yet a period of quiet comes on, which for the patient himself and those surrounding him is of the most beneficent effect.

In conclusion, Snell pleads that it is almost necessary to take refuge in this Greek word *Paranoia*, since alienists cannot agree on an appellation for this form of disease, the designations *Wahnsinn* and *Verrücktheit* standing almost diametrically opposed. For the quiet, measured course of Paranoia, in which the formal side of the intellectual activity appears so little changed that the uninformed person notices nothing wrong, *Verrücktheit* appears in a degree insufficient, while the word *Wahnsinn* for those conditions in which the delusion takes a wholly dominant place may be used not without a certain degree of propriety.

Ueber die psychiatrische Nomenclatur "Verrücktheit" und "Wahnsinn."—DR. RODA. *Allgem. Zeitsch. f. Psych.* Bd. XLVI, H. 4, 1889.

At the yearly session of the Union of German Alienists, June, 1889, Dr. Roda brought up the ever-fruitful subject of the classification of the chronic primary insanities. It would be an incalculable gain if a relative agreement might be brought about as to what "*Wahnsinn*" and "*Verrücktheit*" should individually mean, but there has been no agreement in the past, and does not seem likely to be in the future. Roda reviews the well-known history of the two terms and what they have signified to